PTO/88/17/12-04/2

	Under the Pane	nate Business	Art of 100	An namana am n	NO DOMESTIC	U.B. Para	AD bert bee to waite to no	proved for use jhrqu emerk Office; U.S. (wifne unisaa b rilani	ugh 07/31/2006, OMB 6651-0537 DEPARTMENT OF COMMERCE and a wall! (IMM contint ausbar	
	FEE TRANSMITTAL					Complete if Known				
						Application Nu	mber	10/657,216		
	LEI				AL	Filing Date		Sept 9, 2003		
•	For FY 2005					First Named In	wenter 1	LEHR, Amir		
	Applicant claims arnell entity status. See 37 CFR 1.27					Examiner Nem	10 (CABRERA, Zolla E		
	TOTAL AMOU					Art Unit		2125		
			31. (3)	200		Attorney Docks	t No.	PD9-002C1		
	METHOD OF PAYMENT (check all that apply)									
	Check Credit Card Money Order None Other (plant identify):									
	✓ Deposit Account Deposit Account Number 50-2918 Deposit Account Name PowerDsine Ltd.									
•	For the	For the above-identified deposit account, the Director is hereby surhorized to: (check all that apply)								
	Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the									
		Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
•	WARNING information on this form may become public. Gredit card information should not be included on this form. Provide credit card information and authorization on PTD-2018.									
	FEE CALCULATION									
	1. BASIC FILI	NG, SEARC	H, AND E	XAMINATION	FEE8					
			PILING F	EE8 mail Entity				NATION FEES		
	Application	Type !	Fee (5)	Fee (5)	Eee (1)	Email Entity Pag (\$)	Fee (1	Small Entity Fee (\$)	Foos Pald (b)	
03/0/ 15	Utility Dealgn BARNES 0000 Relana Provide 00		300	150	500	250	200	100		
· v3/04/2005	BARNES		200	100	100	50	130	65		
01 FC:2201	Phint VVVV	0005 50291	200	100	300	150	160	80		
TILL	Relanie Provisional	Do.	300 106	57296	50 0	250	600	300		
	2. EXCESS C	• •	200	100	0	0	0	0		
	Pee Descripti	20						F00 (\$)	Small Entity	
		Bach claim over 20 (including Reissues) Rach independent claim over 3 (including Reissues)							25	
•		maent claim sendent clair		notherna Heiss	ues)			200 360	100 180	
	Total Claims Extra Claims Fore (5) Fee Paid (5)								100 Ioundent Claims	
•	20 • 20 or HP • Righest pumber of total dakes paid for, if greater than 20.									
	Indep, Claime	£	mid (8)		· ——					
	5: -3	or HP	ponderii daime pela for, if greater than 9,							
	i 3. APPLICATE	3. APPLICATION SIZE FOR								
	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
	sheets or f	listings under 37 CPR 1.52(e)), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 shoets or fraction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1.16(a). Total Sheets Mumber of each additional 50 or fraction thereof.								
•	Total Sheet	1. 100 a Ex	tra Sheets	<u>Musiki</u>	e of each	additional 50 or fround up to a wi	metion	hereof Zee	(8) Con Paid (8)	
• .	4. OTHER FEE(8) Specification	n \$13	D fee (no small			INDIA NUMB	₩) X	Face Paid (E)	
	Other (e.g.,	late filing su	rcharge):	Terminal Discision	met Fee ::	vervenny nebos 87 CSD + ~	Ocen			
٠	AURMITTED BY						AAN		66	
	Signature	12-	1//		TR	gistration No.		Valant		
I -	Name (Print/Type)	Simon Kahn			(A)	omen(Agent) 48.	249	One Ti	703-488-1150	

This collection of information is required by 37 CFR 1,138. The information is required to detain or return a benefit by the public veloch is to the tend by the USPTO to proceed as approxime. Confidentially is governed by 33 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to less 30 minutes to complete a increasing generating, preparing, and submitting the completed application form to the USPTO. These will vary depending upon the inclinitiast case. Any comments on the accurate of the year require to complete this form sector suggestions for reducing the brunch, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Comments, P.O. Best 1450, Alexandria, VA 2213-1430, Oo NOT SERIO FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Pathrias, P.O. Best 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-200-PTO-0199 and select option 2.